

PART B - FEE(S) TRANSMITTAL

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26285 7590 03/22/2004

**KIRKPATRICK & LOCKHART LLP
535 SMITHFIELD STREET
PITTSBURGH, PA 15222**



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/029,901	12/18/2001	Dannie E. Martin	010547	5104

TITLE OF INVENTION: HOLDER FOR REMOVABLE MEMORY COMPONENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	06/22/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
BUI, LUAN KIM	3728	206-701000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Kirkpatrick &
Lockhart LLP

2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

BellSouth Intellectual Property Corporation

Wilmington, DE 19801

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☐ Publication Fee
☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 11-1110 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

[Signature]

6/10/04

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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06/15/2004 ZJUHR2 00000039 10029901

01 FC:1501
02 FC:8001

1330.00 OP
30.00 OP

TRANSMIT THIS FORM WITH FEE(S)



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Dannie E. Martin

Serial No: 10/029,901
Filed: December 18, 2001

Group No.: 3728
Examiner: Bui
Confirmation No. 5104

For: HOLDER FOR REMOVABLE MEMORY COMPONENT

Mail Stop: Issue Fee
Commissioner for Patents
P.O. Box: 1450
Alexandria, VA 22313-1450

EXPRESS MAIL CERTIFICATE

"Express Mail" label number EU991103611US

Date of Deposit June 10, 2004

I hereby certify that the following attached paper or fee
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PTO FORM-85B (In duplicate)
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is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to: **Mail Stop: Issue Fee, Commissioner for Patents, P.O. Box: 1450, Alexandria, VA 22313-1450**

Beth H. Retort

(Type or printed name of person mailing paper or fee)

(Signature of person mailing paper or fee)

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NOTE: The label number need not be placed in each page. It should, however, be placed on the first page of each separate document, such as, a new application, amendment, assignment, and transmittal letter for a fee, along with the certificate of mailing by "Express Mail." Although the label number may be on checks, such a practice is not required. In order not to deface formal drawings it is suggested that the label number be placed on the back of each formal drawing or the drawings be accompanied by a set of informal drawings on which the label number is placed.

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Attorney's Docket No. 010547

PATENT

IN THE UNITED -STATES PATENT AND TRADEMARK OFFICE

In application of: Dannie E. Martin

Serial No: 10/029,901
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TRANSMITTAL OF PAYMENT OF ISSUE FEE (37 C.F.R. 1.311)

1. Applicant hereby pays the issue fee for the attached Issue Fee Transmittal PTOL-85.

2. Fee (37 C.F.R. 1.18(a) and (b)):

Application status is:

☐ small business entity-fee

A small entity. See 37 C.F.R. § 1.27 (65 Fed. Reg. 54603, September 8, 2000).

Regular

☐ \$660.00

Design

☐ \$240.00

☒ other than a small entity-fee

☒ \$1,330.00

☐ \$480.00


3. Payment of fee:

☒ Enclosed please find check for \$ 1,360.00.

☒ Charge Account 11-1110 for any fee deficiency.

☐ Charge Account _____ the sum of \$ _____.

A duplicate of this request is attached.


SIGNATURE OF ATTORNEY

Craig M. Waller

(type or print name of person certifying)

Reg. No.: 54,771

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